

semester, 1983, are governed by Section 54.503, Texas Education Code, as that law existed on January 1, 1983, and that law is continued in effect for that purpose.

SECTION 3. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

Passed the Senate on April 28, 1983: Yeas 25, Nays 5; passed the House on May 25, 1983, by a non-record vote.

Approved June 17, 1983.

Effective Aug. 29, 1983, 90 days after date of adjournment.

**LIFE, HEALTH AND ACCIDENT INSURANCE—COVERAGE—
AUDIOLOGISTS, SPEECH AND LANGUAGE
PATHOLOGISTS, AND DENTISTS**

CHAPTER 380

S. B. No. 812

AN ACT

relating to insurance coverage for the services of certain audiologists, speech pathologists, language pathologists, and dentists; amending Subsection (B), and adding Subsection (F), Section 2, Chapter 397, Acts of the 54th Legislature, Regular Session, 1955 (Article 3.70-2, Vernon's Texas Insurance Code) and amending Article 21.52, Insurance Code.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 2, Chapter 397, Acts of the 54th Legislature, Regular Session, 1955, as amended (Article 3.70-2, Vernon's Texas Insurance Code), is amended by amending⁵² Subsection (B) and adding⁵³ Subsection (F) to read as follows:

52. V.A.T.S. Insurance Code, art. 3.70-2, subsec. (B). 53. V.A.T.S. Insurance Code, art. 3.70-2, subsec. (F).

Additions in text indicated by underline; deletions by ~~strikeouts~~

"(B) No policy of accident and sickness insurance shall make benefits contingent upon treatment or examination by a particular practitioner or by particular practitioners of the healing arts hereinafter designated unless such policy contains a provision designating the practitioner or practitioners who will be recognized by the insurer and those who will not be recognized by the insurer. Such provision may be located in the 'Exceptions' or 'Exceptions and Reductions' provisions, or elsewhere in the policy, or by endorsement attached to the policy, at the insurer's option. In designating the practitioners who will and will not be recognized, such provision shall use the following terms: Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Chiropractic, Doctor of Optometry, Doctor of Podiatry, Audiologist, and Speech-language Pathologist. For purposes of this Act, such designations shall have the following meanings:

"Doctor of Medicine: One licensed by the Texas State Board of Medical Examiners on the basis of the degree 'Doctor of Medicine';

"Doctor of Osteopathy: One licensed by the Texas State Board of Medical Examiners on the basis of the degree of 'Doctor of Osteopathy';

"Doctor of Dentistry: One licensed by the State Board of Dental Examiners;

"Doctor of Chiropractic: One licensed by the Texas Board of Chiropractic Examiners;

"Doctor of Optometry: One licensed by the Texas State Board of Examiners in Optometry; [and]

"Doctor of Podiatry: One licensed by the State Board of Chiropody Examiners;

"Audiologist: One with a master's or doctorate degree in audiology from an accredited college or university and who is certified by the American Speech-language and Hearing Association; and

Additions in text indicated by underline; deletions by [~~strikeout~~]

"Speech-language Pathologist: One with a master's or doctorate degree in speech pathology or speech-language pathology from an accredited college or university and who is certified by the American Speech-language and Hearing Association."

"(F) Insurers, nonprofit hospital and medical service plan corporations subject to Chapter 20 of this code, and health maintenance organizations transacting health insurance or providing other health coverage in this state shall offer and make available, under group policies, contracts, and plans providing hospital and medical coverage on an expense incurred, service or prepaid basis, benefits for the necessary care and treatment of loss or impairment of speech or hearing that are not less favorable than for physical illness generally, subject to the same durational limits, dollar limits, deductibles, and coinsurance factors. Such offer of benefits shall be subject to the right of the group policy or contract holder to reject the coverage or to select any alternative level of benefits if such right is offered by or negotiated with such insurer, service plan corporation, or health maintenance organization."

SECTION 2. Article 21.52, Insurance Code, is amended to read as follows:

"Article 21.52. RIGHT TO SELECT PRACTITIONER UNDER HEALTH AND ACCIDENT POLICIES.

"Section 1. DEFINITIONS. As used in this Article:

"(a) 'health insurance policy' means any individual, group, blanket, or franchise insurance policy, insurance agreement, or group hospital service contract, providing benefits for medical or surgical expenses incurred as a result of an accident or sickness;

"(b) 'doctor of podiatric medicine' includes D.P.M., podiatrist, doctor of surgical chiropody, D.S.C. and chiropodist;

"(c) 'doctor of optometry' includes optometrist, doctor of optometry, and O.D.; [and]

54. V.A.T.S. Insurance Code, art. 21 52.

Additions in text indicated by underline; deletions by [strikeouts]

"(d) 'doctor of chiropractic' means a person who is licensed by the Texas Board of Chiropractic Examiners to practice chiropractic; [7]

"(e) [~~d~~] 'licensed dentist' means a person who is licensed to practice dentistry by the State Board of Dental Examiners;

"(f) 'audiologist' means a person who has received a master's or doctorate degree in audiology from an accredited college or university and is certified by the American Speech-language and Hearing Association; and

"(g) 'speech-language pathologist' means a person who has received a master's or doctorate degree in speech-language pathology from an accredited college or university and is certified by the American Speech-language and Hearing Association to restore speech loss or correct a speech impairment.

"Section 2. APPLICATION OF THIS ARTICLE. This article applies to and embraces all insurance companies, associations, and organizations, whether incorporated or not, which provide health benefits, accident benefits, or health and accident benefits for medical or surgical expenses incurred as a result of an accident or sickness. Without limiting the foregoing, this article specifically applies to the insurance companies, associations, and organizations which come within the purview of the following designated chapters of the Insurance Code: Chapter 3, pertaining to life, health and accident insurance companies; Chapter 8, pertaining to general casualty companies; Chapter 10, pertaining to fraternal benefit societies; Chapter 11, pertaining to mutual life insurance companies, Chapter 12, pertaining to local mutual aid associations; Chapters 13 and 14, pertaining to statewide mutual assessment companies, mutual assessment companies, and mutual assessment life, health and accident associations; Chapter 15, pertaining to mutual insurance companies writing other than life insurance; Chapter 18, pertaining to underwriters making insurance on the Lloyd's Plan; Chapter 19, pertaining to reciprocal

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exchanges; and Chapter 22, pertaining to stipulated premium insurance companies. This article also applies to health maintenance organizations established pursuant to Chapter 214, Acts of the 64th Legislature, Regular Session, 1975 (Articles 20A.01-20A.33 , Insurance Code), as now or hereafter amended.

"Section 3. SELECTION OF PRACTITIONERS. Any person who is issued, who is a party to, or who is a beneficiary under any health insurance policy delivered, renewed, or issued for delivery in this state by any insurance company, association, or organization to which this article applies may select a licensed doctor of podiatric medicine, a licensed dentist, or a doctor of chiropractic to perform the medical or surgical services or procedures scheduled in the policy which fall within the scope of the license of that practitioner, ~~[doctor-or]~~ a licensed doctor of optometry to perform the services or procedures scheduled in the policy which fall within the scope of the license of that doctor of optometry, an audiologist to measure hearing for the purpose of determining the presence or extent of a hearing loss and to provide aural rehabilitation services to a person with a hearing loss if those services or procedures are scheduled in the policy, or a speech-language pathologist to evaluate speech and language and to provide habilitative and rehabilitative services to restore speech or language loss or to correct a speech or language impairment if those services or procedures are scheduled in the policy. The ~~[and]~~ payment or reimbursement by the insurance company, association, or organization for those services or procedures in accordance with the payment schedule or the payment provisions in the policy shall not be denied because the same were performed by a licensed doctor of podiatric medicine, a licensed doctor of optometry, ~~[or]~~ a licensed doctor of chiropractic, a licensed dentist, an audiologist, or a speech-language pathologist. There shall not be any classification, differentiation, or other discrimination in the payment schedule or the payment provisions in

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a health insurance policy, nor in the amount or manner of payment or reimbursement thereunder, between scheduled services or procedures when performed by a doctor of podiatric medicine, a doctor of optometry, ~~[or] a doctor of chiropractic,~~ a licensed dentist, an audiologist, or a speech-language pathologist which fall within the scope of his license or certification and the same services or procedures when performed by any other practitioner of the healing arts whose services or procedures are covered by the policy. Any provision in a health insurance policy contrary to or in conflict with the provisions of this article shall, to the extent of the conflict, be void, but such invalidity shall not affect the validity of the other provisions of this policy. Any presently approved policy form containing any provision in conflict with the requirements of this Act shall be brought into compliance with this Act by the use of riders and endorsements which have been approved by the State Board of Insurance or by the filing of new or revised policy forms for approval by the State Board of Insurance.

~~"[Section 3. --- SELECTION OF PRACTITIONERS. --- Any person who is issued, who is a party to, or who is a beneficiary under any health insurance policy delivered, renewed, or issued for delivery in this state by any insurance company, association, or organization to which this article applies may select a licensed doctor of podiatric medicine or a licensed dentist to perform the medical or surgical services or procedures scheduled in the policy which fall within the scope of the license of that doctor or a licensed doctor of optometry or licensed dentist to perform the services or procedures scheduled in the policy which fall within the scope of the license of that doctor of optometry or licensed dentist, and payment or reimbursement by the insurance company, association, or organization for those services or procedures in accordance with the payment schedule or the payment provisions in the policy shall not be denied because the same were performed by a licensed doctor of podiatric medicine, a licensed doctor of optometry, or a~~

Additions in text indicated by underline; deletions by ~~[strikeouts]~~

~~licensed--dentist,--There--shall--not--be--any--classification, differentiation,--or--other--discrimination--in--the--payment--schedule--or the--payment--provisions--in--a--health--insurance--policy,--nor--in--the amount--or--manner--of--payment--or--reimbursement--thereunder,--between scheduled--services--or--procedures--when--performed--by--a--doctor--of pediatric--medicine,--a--doctor--of--optometry,--or--a--licensed--dentist which--fall--within--the--scope--of--his--license--and--the--same--services--or procedures--when--performed--by--any--other--practitioner--of--the--healing arts--whose--services--or--procedures--are--covered--by--the--policy,--Any provision--in--a--health--insurance--policy--contrary--to--or--in--conflict with--the--provisions--of--this--article--shall,--to--the--extent--of--the conflict,--be--void,--but--such--invalidity--shall--not--affect--the validity--of--the--other--provisions--of--this--policy,--Any--presently approved--policy--form--containing--any--provision--in--conflict--with--the requirements--of--this--Act--may--be--brought--into--compliance--with--this Act--by--the--use--of--riders--and--endorsements--which--have--been--approved by--the--State--Board--of--insurance--or--by--the--filing--of--new--or--revised policy--forms--for--approval--by--the--State--Board--of--insurance,--}~~"

SECTION 3.⁵⁵ CERTAIN EXEMPTIONS NOT APPLICABLE. The exemptions and exceptions in Articles 13.09 and 21.41 of the Insurance Code do not apply to this article.

SECTION 4. This Act takes effect September 1, 1983.

SECTION 5. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

Passed the Senate on April 26, 1983, by a viva-voce vote; Senate concurred in House amendment on May 30, 1983, by a viva-voce vote; passed the House, with amendment, on May 28, 1983, by a non-record vote.

Approved June 17, 1983.

Effective Sept. 1, 1983.

55. V.A.T.S. Insurance Code, art 21.52 note.